Department Director Assessment of Incident

Remember: The purpose of an accident, injury, or near miss assessment is to find out WHY and HOW they happened-----NOT to fix fault or blame

Instructions: Complete this form as soon as possible after an incident. Forward to Safety Coordinator as soon as it is completed.

This is a report of a (check one): [ ] Employee Injury [ ] Vehicle Accident [ ] Near Miss [ ] Other

Date of incident: ____________________________ Time of incident: ____________________________

Step 1: Injured employee (complete this part for each injured employee)

Name: ________________________________ Sex: [ ] Male  [ ] Female

Department: ____________________________ Job Title: ________________________________

This employee works: [ ] Regular full time
[ ] Regular part time
[ ] Temporary
[ ] Emergency
[ ] Seasonal

Nature of injury (most serious one):

[ ] Abrasion, scrapes
[ ] Amputation
[ ] Broken bone
[ ] Bruise
[ ] Burn (heat)
[ ] Burn (chemical)
[ ] Concussion (to the head)
[ ] Other ________________________________

Bodily Location of Injury/Condition/Disease (✓ Check the corresponding injury site/s; Circle L or R)

[ ] Arm - Lower L / R
[ ] Arm - Upper L / R
[ ] Hand L / R
[ ] Finger(s) Which one(s)?
[ ] Leg - Lower L / R
[ ] Leg - Upper L / R
[ ] Foot L / R
[ ] Toe(s) Which one(s)?
[ ] Skull
[ ] Face
[ ] Eye L / R
[ ] Nose
[ ] Mouth
[ ] Ear L / R
[ ] Neck
[ ] Shoulder(s) L / R
[ ] Chest
[ ] Abdomen
Step 2: Describe the incident

Exact location of the incident: ____________________________________________________________

Names of witnesses (if any): ____________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

Number of attachments: Written witness statements: ___ Photographs: ___ Maps / drawings: ___

What personal protective equipment was being used (if any)?

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

Check if description continued on attached sheets: [ ]

Describe, step-by-step the events that led up to the injury. Include names of any machines, parts, objects, tools, materials and other important details.

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_____________________________________________________________________________________

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Check if description continued on attached sheets: [ ]

Step 3: Why did the incident happen?

Unsafe workplace conditions: (Check all that apply):

[ ] Inadequate guard              [ ] Back – Lower L / R
[ ] Unguarded hazard             [ ] Safety device is defective
[ ] Tool or equipment defective  [ ] Other ________________________________
Workstation layout is hazardous
Unsafe lighting
Unsafe ventilation
Lack of needed personal protective equipment
Lack of appropriate equipment / tools
Unsafe clothing
No training or insufficient training
Other: ________________________________________________________________

Unsafe acts by people (Check all that apply):

[ ] Operating without permission
[ ] Operating at unsafe speed
[ ] Servicing equipment that has power to it
[ ] Taking an unsafe position or posture
[ ] Making a safety device inoperative
[ ] Using defective equipment
[ ] Using equipment in a unapproved way
[ ] Unsafe lifting
[ ] Distraction, teasing, horseplay
[ ] Failure to wear personal protective equipment
[ ] Failure to use the available equipment / tools
[ ] Using equipment in a unapproved way
[ ] Unsafe lifting

Why did the unsafe conditions exist?
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
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Check if description continued on attached sheets: [ ]

Why did the unsafe acts occur?
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Check if description continued on attached sheets: [ ]
Were the unsafe acts or conditions reported prior to the incident? [ ] Yes  [ ] No

Have there been similar incidents or near misses prior to this one? [ ] Yes  [ ] No

Step 4: How can future incidents be prevented?

What changes do you suggest to prevent this incident/near miss from happening again?

[ ] Stop this activity
[ ] Guard the hazard
[ ] Train the employee(s)
[ ] Train the supervisor(s)
[ ] Redesign task steps
[ ] Redesign work station
[ ] Other ________________________________

Check if description continued on attached sheets: [ ]

What should be (or has been) done to carry out the suggestion(s) above?

_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________

Check if description continued on attached sheets: [ ]

Step 5: Who completed and reviewed this form? (Please Print)

Completed by: (Print) ____________________________ Signature: ____________________________

Date: ____________________________

Department: ____________________________ Title: ____________________________

Names of investigation team members (if any):

_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________

Reviewed by: ____________________________ Title: ____________________________
Date: ____________________